

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/586,872
APPLICANT(S)
FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1	1				
5	1	1				
6	1	1				
7	1	1				
8	1	1				
9						
10		1				
11			1			
12			1			
13			1			
14			1			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	2	←	18	←	←	
TOTAL CLAIMS	8		19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	←
TOTAL CLAIMS						↓